

MEDICAL RECORD												POST-ANESTHESIA RECOVERY ROOM RECORD											
TIME ADMITTED _____												SURGEON _____											
OPERATION _____												ANESTHESIOLOGIST _____											
												ANESTHESIA _____											
												ALLERGIES _____											
VITAL SIGNS ON ADMISSION B.P. _____ PULSE _____ RESP. _____												COMMENTS _____											
TIME:												POST ANESTHESIA SCORE											
BP	C°	220														SCORE	CRITERIA		ADM	15/M		DIS	
																							Activity
V	38°	200														1	Able to move 2 extremities						
																	0						Able to move 0 extremities
PULSE	36°	180															Resp	2	Able to breathe deeply & cough freely				
																		1	Limited breathing				
●	34°	160															0	Apnea					
RESP	30°	120															Circ.	2	BP ± 20% of pre-anesthetic level				
																		1	BP ± 20-50% of pre-anesthetic level				
O		100																0	BP ± 50% of pre-anesthetic level				
TEMP	△	60															Aware	2	Fully awake				
																		1	Arousable on calling				
		40																0	Not responding				
		20															Color	2	Pink				
																		1	Pale, dusky, blotchy, jaundiced				
																		0	Cyanotic				
												TOTAL SCORE											
Intake / Output	OPERATING ROOM FLUIDS				RECOVERY ROOM FLUIDS				VITAL SIGNS ON DISCHARGE														
	IN		OUT		IN		OUT		TOTAL INTAKE _____ B.P. _____  TOTAL OUTPUT _____ Pulse _____  Resp. _____														
	IV		DRAINS		IV		DRAINS																
			URINE				URINE																
	BLOOD		BLOOD		BLOOD		BLOOD																
	OTHER		OTHER		PO		EMESIS																
				OTHER		OTHER																	

RECOVERY ROOM COMMENTS \_\_\_\_\_

TRANSFERRED TO _____		DATE _____	TIME DISCHARGED _____
ANESTHESIOLOGIST'S SIGNATURE _____		NURSE'S SIGNATURE _____	
Patient Identification _____		POST-ANESTHESIA RECOVERY ROOM RECORD NIH-546-1 (9-87)  P.A. 09-25-0099	